

## Greater Manchester Combined Authority

Date: 26<sup>th</sup> November 2021

Subject: Homeless Families Review – Progress Update

Report of: Councillor Paul Dennett, Portfolio Lead for Housing, Homelessness and Infrastructure, and Steve Rumbelow, Portfolio Lead Chief Executive for Housing, Homelessness and Infrastructure

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### Purpose of Report

To update against the progress of the Homeless Families Review.

### Recommendations:

The GMCA is requested to:

1. Note progress being made and continue to support it.
2. Support further exploration of actions relating specifically to joint commissioning opportunities, data sharing, and early help standards.

### Contact Officers

Warren Heppolette, Executive Lead Strategy and System Development, GM Health and Social Care Partnership

Jane Forrest, Director of Public Service Reform, Greater Manchester Combined Authority

# Equalities Impact, Carbon and Sustainability Assessment:

Results of the [Sustainability Decision Support Tool](#):

Impacts Questionnaire			
Impact Indicator	Result	Justification/Mitigation	
Equality and Inclusion	G	The policy development is concerned with families experiencing homelessness, which impacts disproportionately on those with social and economic disadvantages The policy development seeks to enhance access to suitable and timely public services for the cohort	
Health	G	The policy seeks to ensure that the mental health and wellbeing of families, adults and children, is protected. The policy seeks to ensure that families do not experience social isolation during an experience of homelessness. The policy re-establishes the requirement for suitable cooking facilities for families experiencing homelessness, enabling meals to be prepared that are suitable for children.	
Resilience and Adaptation			
Housing	G	The policy relates to families experiencing homelessness.	
Economy			
Mobility and Connectivity			
Carbon, Nature and Environment			
Consumption and Production			
Contribution to achieving the GM Carbon Neutral 2038 target			
<b>Further Assessment(s):</b>		N/A	
 Positive impacts overall, whether long or short term.	 Mix of positive and negative impacts. Trade-offs to consider.	 Mostly negative, with at least one positive aspect. Trade-offs to consider.	 Negative impacts overall.

## **Risk Management**

Risks regarding the safeguarding of families (adults and children) remain the responsibility of Local Authorities. Activity taking place to improve conditions for homeless families seeks to lower these risks.

## **Legal Considerations**

Among others, the Homelessness Reduction Act (2017), Care Act (2015) and Children and Social Work Act (2017) are all relevant to the context of this work. There are no specific activities that have required legal considerations at present.

## **Financial Consequences – Revenue**

Financial (revenue) consequences have been considered in the work of the Task and Finish Group to assess the impact of different courses of action.

## **Financial Consequences – Capital**

Financial (revenue) consequences have been considered in the work of the Task and Finish Group to assess the impact of different courses of action.

## **Number of attachments to the report: 2**

## **Comments/recommendations from Overview & Scrutiny Committee**

N/A

## **Background Papers**

Appendix 1- Membership of the Homeless Families Task and Finish Group

Appendix 2 – Minimum standards for use of Bed and Breakfast as Temporary Family Accommodation

## **Tracking/ Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

## **Exemption from call in**

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?

No

### **GM Transport Committee**

N/A

### **Overview and Scrutiny Committee**

N/A

# 1. Background

1.1. The GM Homeless Families Task and Finish Group was established as a sub-group of the GM Homelessness Programme Board to progress a conversation and improve our understanding of the issues facing Homeless Families, informed by the work of Shared Health Foundation reports 'Homeless Families – A Gold Standard' and 'A Call to Action'. The group was made up of a range of sectors and organisations with a role and interest in supporting families experiencing homelessness. The full membership is outlined in Appendix 1.

1.2. The Task and Finish Group initially responded to the issues raised in the Gold Standard report by exploring them individually in detail and mapping the roles of the organisations and sectors involved in responding to these. Where gaps were identified, connections to wider work programmes were sought such as early years, models of neighbourhood working, and Troubled Families. There were a number of areas identified where it was felt progress could be made by reviewing existing working practices and working more collaboratively across the existing system. These were:

- GM Bed & Breakfast Framework
- Homeless Families and Inclusion Health
- VCSE and Faith Sector support
- Early Help and Children's Services

1.3. Having set in train activity to support delivery aligned to these themes, the Task and Finish Group stood down at the end of July 2021, with a final report into GM Homelessness Programme Board. This set out the work to date and made recommendations on future activity and oversight. This paper draws together the work undertaken by the group against each of the themes, including updates post July 2021 where relevant.

## 2. Greater Manchester Bed and Breakfast Framework

2.1. As an immediate action, the group reviewed the existing GM Bed & Breakfast (B&B) Framework in the context of the issues highlighted by the Shared Health Foundation 'Gold Standard' report. The Framework sets out the minimum standard that the ten GM Local Authorities and GMCA require for provision of accommodation for households who are homeless and temporarily placed into hotels as emergency accommodation

2.2. GM Homelessness Leads led an extensive consultation exercise resulting in an updated draft framework, incorporating the recommendations from the report and confirming the minimum standards for use as B&B homeless accommodation (Appendix 2):

- inclusion of safeguarding training
- reinforced minimum standards in relation to bedrooms, facilities, food and expectations on the required procedures that should be in place
- re-drafted Code of Conduct commitments of the local housing authority making placements in the accommodation in relation to placement suitability and follow up from other relevant support services.

2.3. Two other fundamental issues were identified through review process:

- The existing framework does not cover all emergency accommodation provision. Commercial hotels and single providers were not procured through the original framework therefore would fall outside of these standards under the current arrangements.
- The need for a response that prevents other agencies making unsuitable placements and advocates for exclusivity of referrals from the local housing authority. This would prevent inappropriate placements and allow for better management practices within the accommodation.

- 2.4. Seeking response to these issues through the Code of Conduct to make them enforceable standards would require substantial change to the existing B&B Framework to the extent it would require a full re-procurement exercise. There is strong appetite to do this and joint resource is being identified to enable this.
- 2.5. Further work to ensure the correct data is available and future demand is modelled is being carried out, as the overall demand will impact the overall ability to respond.
- 2.6. All LAs have expressed their ambitions to remove the use of BnBs as temporary accommodation for families, and are seeking to share their strategies for doing so collaboratively and seek joint approaches to increasing quality temporary accommodation supply.

### **3. Inclusion Health**

- 3.1. The reports from Shared Health Foundation highlighted the importance of connectivity between families placed in emergency accommodation and wider support services, including health and care. This was particularly emphasised in the 'A Call to Action' report published during the Covid-19 pandemic.
- 3.2. A mapping exercise of current health provision for homeless families was undertaken with GM Homelessness Leads and relevant health services to inform the position of the Task and Finish Group in relation to this priority. This identified some variation in the health care provision across GM that is able to respond to the needs of homeless families. The most comprehensive responses were in the areas of greatest need, where specialist commissioned responses are available for homeless families and children. This is primarily focused on health visiting services aligned to temporary accommodation settings and provision of Focused Care workers or similar.

3.3. Where there isn't dedicated provision, relationships have developed between housing options teams, social care teams and health services, providing examples of integrated, multi-disciplinary working to best respond to need. Many housing options teams also ensure connectivity and relevant signposting to health services e.g. encouraging registration with local GP Practices, to ensure as far as possible health needs are met. The mapping also emphasised the relevance of approaches to Community Hubs and neighbourhood working and what these more preventative approaches could mean for confirming appropriate support to homeless families.

3.4. In Greater Manchester we have ambitions to drive forward an inclusive approach to the provision of healthcare for people experiencing homelessness and to put inclusion and responding to inequality at the heart of everything we do.

3.5. The 'Homeless Healthcare in GM - Commissioning for Inclusion' paper clearly sets out the GM Homelessness and Health Group will work to operationalise these ambitions:

- A programme of work to identify and empower homeless champions in Primary Care Networks, with the Inclusion Health commissioning standards as a guiding framework to describe what good looks like in experiences with General Practice.
- Work alongside the Trauma Responsive GM programme and their comprehensive training package to develop the understanding and skills of front-line health and care colleagues in delivering services and supporting clients with complex needs in a trauma responsive way.
- DHSC funded 'accommodation-led' hospital discharge pilots to understand the effectiveness of interventions at the interface with secondary care that support hospital discharge for people experiencing homelessness. Evaluation to inform development of guidance and standards to support future commissioning.
- Informed by the Inclusion Health standards, supporting better collaboration between mental health and substance misuse services to remove barriers to access, working

proactively with the two GM Mental Health Providers on an appropriate response to this.

3.6. Activity on homeless healthcare now has oversight from the GM Homelessness and Health Group, which has re-established its network of locality Homeless Health Leads to ensure that connectivity to delivery in localities and influence how it is commissioned and provided, as recommended by the Task and Finish Group.

## **4. Voluntary, Community, Faith and Social Enterprise Support**

4.1. The Shared Health reports and wider research recognised the vital support provided by local community organisations in reducing isolation and improving wellbeing and quality of life for families placed in temporary accommodation.

4.2. There was recognition through the Task and Finish group that in many localities there is already an extensive offer of informal networks, services and links to ground level organisations in place, many facilitated by our VCSE and Faith sector partners and that ensuring the proper connection into these offers should be a priority.

4.3. Many of the VCSE and Faith Sector organisations working in this space are connected into Homelessness Programme Board through the GM Homelessness Action Network (GMHAN). To give a comprehensive view of the offer, improve our understanding and identify where we may need to supplement capacity, GM HAN Advisory Board led on mapping of the VCSE and Faith Sector support to complete this picture.

4.4. This understanding of the service offer has been used to enhance the Street Support website and app, a well-developed digital platform that brings together information on places of welcome, to capture the offer in a more formalised way. A specific section has been created, focused on the organisations and services available to support homeless families. Led by Street Support and Shared Health, testing and consultation is underway on the first version of the site, with a final version and public launch to be planned.

## **5. Early Help and Children's Services**

5.1. The integral role of Children's Services and Early Help teams in supporting families in temporary accommodation was highlighted in early meetings of the Task and Finish Group. Engagement was sought from these colleagues, now represented on the group, which has enabled us to understand the full picture of available support and how we can best connect this to the homeless families agenda.

5.2. Early Help leads from across GM have shared their experiences of working with homeless families and children, issues encountered and examples of best practice in their localities. However, it was acknowledged there is further work to do with Early Help Leads across GM in raising awareness of the experience of homeless families and the Shared Health research. Planning for a workshop is underway to share this learning and look at GM and national best practice to shape a improve standards via a GM wide protocol that captures how Early Help services can best support families in temporary accommodation. This will also feature as a key priority in continued Supporting Families programme.

## **6. Notification System**

6.1. Informed by their research and connected to the work of the Task and Finish Group, Shared Health Foundation are exploring viability of a notification system, taking a similar approach to Operation Encompass for domestic violence, which would act across the public services involved in providing support for families and children experiencing homelessness.

6.2. An approach to making better use of data to support our most vulnerable residents is already being driven through the GM Data Accelerator programme, led by GMCA. Its focus is the creation of a system capable of linking data, particularly around national Supporting Families agenda (Crime, school attendance, early years, safeguarding, finance, domestic abuse, mental & physical health, substance misuse and homelessness). Exploratory conversations have taken place to ensure this programme sighted on and recognises the findings of the homeless families work and the Shared Health research, and sees the connection of housing status as a priority within this work.

6.3. As this project will take approximately 18 months to complete, there is opportunity prior to this to test in a locality with a mature model of neighbourhood integration, where a simple notification process could be adopted as an enhanced feature of their existing approach.

## **7. Future Activity and Assurance**

7.1. The Homeless Families Task and Finish Group has driven forward and provided oversight to the work streams outlined above to ensure a coherent and collaborative programme of work in support of the issues identified. There is a series of ongoing activity that has been identified through the work of this group, which has been subsumed into existing governance groups and meetings to ensure there is continued momentum against the work streams.

- GM Bed and Breakfast Framework to GM Housing Needs Group.
- VCSE and Faith sector directory and launch to GM Homelessness Action Network (GM HAN), Street Support and HAN Advisory Board if required.
- Inclusion Health activity into GM Homelessness and Health Group.
- Early Help engagement and mapping led by GM Early Help Leads and GMCA.

7.2. The group also intends to reconvene six months from its last meeting (January 2022) to provide further assurance on delivery and to compile an update on progress for GM Homelessness Programme Board.